ANNUAL REPORT 2014-2015

Saskatoon Health Region

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Letter of Transmittal

June 2, 2015

Honourable Dustin Duncan, Minister of Health
Room 302, Legislative Building
2405 Legislative Drive
Regina SK S4S 0B3

Dear Minister Duncan,

The Saskatoon Regional Health Authority is pleased to provide you and the residents of Saskatoon Health Region with its 2014-15 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the Region for the year ended March 31, 2015.

This year, Saskatoon Health Region continued its Lean management journey of continuous improvement, undertaking many initiatives that demonstrated a new way of working and providing services to our patients, clients and residents. To date, we have completed well over 150 major improvement events. Also, as a Region, we "stopped the line" in February as we undertook the Better Every Day 14 Day Challenge, which focused on improving patient flow, and providing our patients, residents and clients with the right service in the right place at the right time. In March, we began our first 90 day cycle of breakthrough changes – 90 Days of Innovation: Ready Every Day to further advance improvements to patient flow.

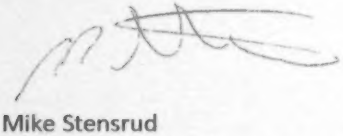
Last September, we broke ground on the new Children's Hospital of Saskatchewan (CHS). It was a truly celebratory event, as Saskatchewan children shoveled the first bits of soil in the construction process for the new hospital that will cater to their health care needs. The event created a buzz of excitement in the province, one that continued as pilings were put in place over the next six months. Already, teams of employees, patients and families have been working on models of care for the new hospital, ensuring that families and patients are put first and that the design of the building fits the needs of our province.

Another accomplishment was the launch of the new Safety Alert System at St. Paul's Hospital last year. The success of this system, where all safety incidents are reported to one place, has allowed us to respond more quickly to possible dangers. This system will soon be expanded to other sites within our Region. It has already done much to develop a focus on safety.

We continue to practice stewardship with our funding, though the demand for our services has pressured our system. The past year was a challenging one for us, both operationally and financially, and we believe the upcoming year will be the same.

As a board, we are very proud of the success the Region has achieved this year thanks to the hard work and dedication of our front line staff, physicians and leaders. We remain committed to achieving better care, better health, better value and better teams for the people of Saskatchewan.

Respectfully submitted,



Mike Stensrud
Chairperson, Saskatoon Regional Health Authority

CEO's message

Transformational change. That is what occurred in Saskatoon Health Region in 2014-15.

When I arrived in the Region in early 2015, i knew I was coming to a place where much had been accomplished under the leadership of Maura Davies.

In the past fiscal year alone, ground was broken for the new Children's Hospital of Saskatchewan. Our Safety Alert System – a central intake line for all safety related concerns – was launched at St. Paul's Hospital, and has proven invaluable to increasing responsiveness to safety incidents of all kinds. We implemented the new Immunize or Mask policy for influenza season, ensuring that our employees took appropriate steps to prevent the flu from spreading to the vulnerable patients in our care. And we took ownership of the Lean management system in our Region, using the expertise we gained under the leadership of skilled specialists. These are just *a few* of our highlights.

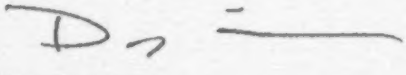
Saskatoon Health Region also faced some challenges in the past year, as demand for our services stressed our system. However, as a team, we turned those challenges into an opportunity for widespread and significant change.

I joined Saskatoon Health Region at a turning point in its history; a point where we were caring for so many people that our emergency rooms and inpatient units were gridlocked. It was time for immediate action to remedy the situation – to stop the line – and that's what we did. For 14 days, we focused only on solving our issues with patient flow. During the *Better Every Day 14 Day Challenge*, we made several significant discoveries and took a number of big steps towards providing the right care in the right place for each of our clients. And at the end of that challenge, our target became very clear – to be ready to meet demand every single day.

We need to be ready to serve our clients, residents and patients when they call on us. We need to be prepared to give them the care they need when and where they need it. And we need to know ahead of time when there will be more people to serve, so no one has to wait. This is the focus of our first 90 day cycle, which we called *90 Days of Innovation: Ready Every Day* and launched near the end of our fiscal year. And this is just the first of many 90-day cycles for our Region. Each will concentrate on a different area of our services, focusing the right people on the right areas to make things better for every patient, client, and resident we care for.

The challenges we faced in the past year have only made us stronger, and more determined to do better, to be better for the community we serve. That strength and determination will lead to further change in the way we do things, and ensure we are ready to answer every call for help.

I'm so very proud of our team and what has been accomplished so far. I know we can do even greater things together, and I look forward to continuing to transform the health care experience for everyone in our Region.



Dan Florizone
President and CEO, Saskatoon Health Region

Introduction

Saskatoon Regional Health Authority continues to stride forward toward our vision: Healthiest People, Healthiest Communities, Exceptional Service – this is our commitment to our patients, clients and their families, our staff and to ourselves.

The annual report presents the Saskatoon Health Region's activities and results for the fiscal year ending March 31, 2015. It reports on public commitments made and other key accomplishments of the Saskatoon Regional Health Authority. Results are provided on our publicly committed strategies, actions and performance measures as identified in the strategic plan. This 2014-15 annual report provides an opportunity to assess the accomplishments, results, lessons learned, and to identify how to build on past successes for the benefit of the people in Saskatoon Health Region.

Saskatoon Health Region acknowledges our responsibility to ensure the accuracy and reliability of this report. In order to ensure the highest standard of reporting, the Region has:

- confirmed all data with the relevant process owners;
- requested information and data from the Region's Strategic Health Information and Performance Support (SHIPS) department; prior to releasing the data, SHIPS confirms the information with the senior leadership team;
- once all the data is compiled and the report is written, it is brought back to the senior leadership team for approval; when approval is given the report is presented to the Saskatoon Regional Health Authority for final approval prior to the final printed version being sent to the Ministry of Health.

The Region has an accountability agreement with the Ministry of Health. This accountability is the Region's commitment to the provincial Hoshin Kanri plan. Hoshin kanri aims to involve staff from all levels of participating organizations in identifying vital few priorities for the system, using current data as a guide for decision making. The intention is to focus on and finish the work in key areas and then move on to the next set of priorities in future years. This sequencing allows for breakthrough achievement over a short time, rather than a slow and inconsistent improvement over a long time, as there are fewer areas to focus on at once. Foundational to the development of this plan are the Premier's priorities for 2014-15, the Ministers' priorities and the input from the health regions in the province.

The 2014-15 Annual Report includes:

- Saskatoon Regional Health Authority overview – the overview describes, at a high level, what the board does and who its key partners are;
- alignment with Strategic Direction – how the Region aligns its mission, vision, values, strategic directions and goals with the Provincial Strategic Plan;
- progress in 2014-15 – the Region's key activities, accomplishments and outcomes in 2014-15 including progress made towards the province's goals of Better Health, Better Care, Better Value and Better Teams;
- 2014-15 financial overview.

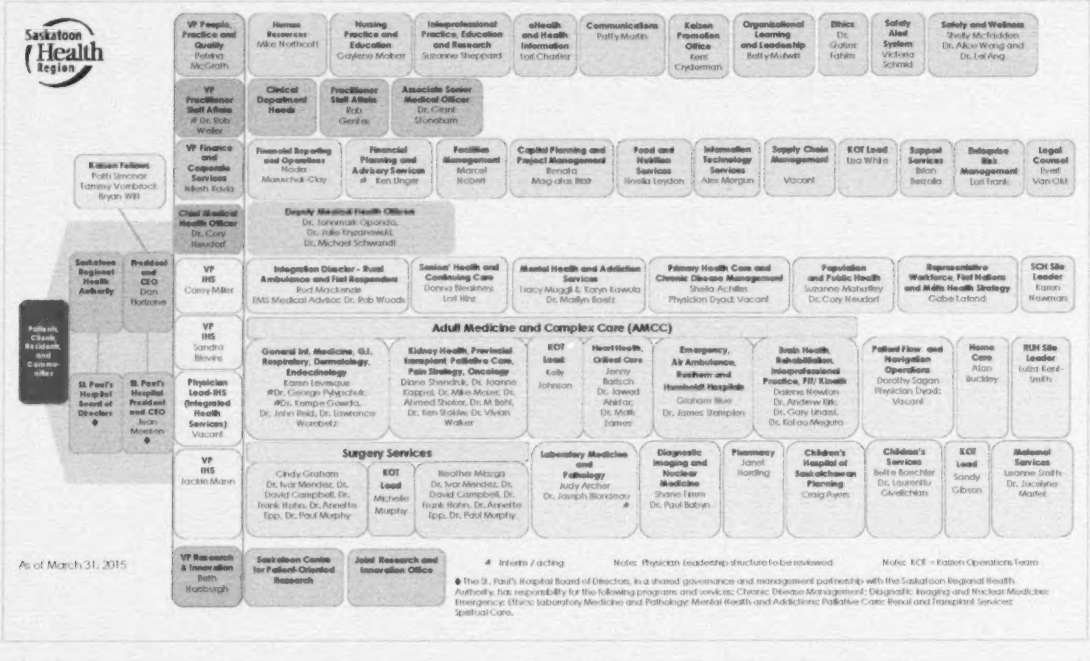
Saskatoon Health Region Overview

Saskatoon Health Region is:

- the largest health region in the province serving 346,362 local residents in more than 100 cities, towns, villages, rural municipalities and First Nation communities;
- a provincial referral centre providing specialized care to thousands of people across Saskatchewan;
- an integrated health delivery agency providing a comprehensive range of services and programs including but not limited to hospital and long term care, public health and home care, mental health and addiction services, prenatal and palliative care;
- an organization providing services and programs in more than 74 facilities, including nine hospitals (three tertiary hospitals in Saskatoon), 30 long term care homes and numerous primary health care sites, public health centres, mental health and addiction centres and community based settings;
- the largest employer in the province with 1,036 physicians and 14,145 health service and support workers and managers;
- supported by about 6,010 registered volunteers; and
- a region with the geographical area of 34,120 square kilometers and a perimeter of 1,296 continuous kilometres.

Saskatoon Health Region is an accredited health organization through Accreditation Canada, a national non-profit organization. The accreditation process is continuous, with key activities and milestones taking place over a four year cycle. This includes an external survey visit by accreditation surveyors, post-survey interim report to Accreditation Canada throughout the cycle and mid-term consultation.

Organizational Structure



Senior Leadership Team

Dan Florizone, President and Chief Executive Officer

Dan Florizone became President and Chief Executive Officer of Saskatoon Health Region on January 5, 2015. Raised in Prince Albert, Saskatchewan, he earned a Bachelor of Commerce (with Honours in Health Care Administration) from the University of Saskatchewan and a Master of Business Administration from the University of Regina.

Dan has amassed 25 years of Saskatchewan healthcare experience and served as Saskatchewan Deputy Health Minister (2008-2013), CEO of the Five Hills Health Region (2003 to 2008), CEO for Moose Jaw-Thunder Creek Health District, the South-East Health District (Estevan and area), CEO Canora-Invermay-Norquay, and CEO of Wilkie Union Hospital. He has also been Chair of Saskatchewan's Health Quality Council and served on the board of the Canadian Patient Safety Institute and Mental Health Commission of Canada.

During his career, he led the amalgamation of multiple organizations into a single health district and the reformulation of districts into the current region-based structure. His work surrounding patient and family centred care established the blueprint for provincial healthcare transformation, including the introduction of the Lean-based Saskatchewan Health Care Management System and the launch of the Saskatchewan Surgical Initiative, an aggressive waitlist reduction initiative focusing on quality care and patient safety.

Most recently, Dan was Saskatchewan's Deputy Minister of Education, where he also introduced Lean management across education and government, and Deputy Minister Responsible for Lean. He is currently a faculty member with the Johnson-Shoyama Graduate School of Public Policy.

In 2008, Dan received the Institute of Public Administration of Canada-Saskatchewan Lieutenant Governor's Gold Medal Award, and in 2011, the Excellence through Evidence Award from the Canadian Foundation for Healthcare Improvement (CFHI). Dan is currently working towards his Lean Leader Certification.

Sandra Blevins, Vice President, Integrated Health Services

A registered nurse and health care executive, Sandra Blevins has over 20 years of leadership experience working within Saskatoon's health care community. She is an active member of the Canadian College of Health Leaders (CCHL), formerly known as the Canadian College of Health Service Executives (CCHSE), and continues to develop her leadership practice. Sandra is passionate about encouraging major change and quality improvements that improve the care and service experience as well as ensure a safe work environment for all staff. Sandra has been a Certified Lean Leader since Feb 7, 2014.

Dr. Martha E. Horsburgh (Beth), Vice President, Research and Innovation

In July 2007, Beth took on a joint role with the University of Saskatchewan, where she is Associate Vice President, Research, and the Saskatoon Health Region, where she is Vice President, Research and Innovation. Beth's previous positions include Dean and Professor of the Faculty of Nursing, University of Alberta, and Dean of the College of Nursing, University of Saskatchewan.

Beth conducts research with adults experiencing chronic illness, particularly chronic kidney disease. She carries out clinical research, using both quantitative and qualitative methods and has received research funding through the Kidney Foundation of Canada, the Canadian Nurses Foundation, the Social Sciences and Humanities Research Council, and the Canadian Health Services Research Foundation. She has presented over 70 papers and has over 20 refereed research publications.

Nilesh Kavia, Vice President, Finance and Corporate Services

Nilesh Kavia began his role as Vice President Finance and Corporate Services in August 2011. Prior to coming to Saskatchewan, Nilesh was Vice President, Financial Planning and Business Advisory Services for Alberta Health Services in Calgary, Alberta.

Nilesh has more than 20 years of experience in finance, both in the public and private sectors in various roles including internal audit, business development, risk management, procurement, treasury, financial reporting and financial planning. Nilesh began his career in health care in 2000 as Director, Budgeting with Calgary Health Region. His also has private sector experience with TransAlta Corporation, Direct Energy and Amoco Canada.

Nilesh graduated in 1990 from the University of Saskatchewan with a Bachelor of Commerce and obtained his Masters in Business Administration from the University of Calgary in 1995. He has been a Certified Management Accountant since 1993 and is currently completing his certification as an executive coach. Nilesh has been a Certified Lean Leader since Jan 31, 2014.

Jackie Mann, Vice President, Integrated Health Services

In April 2007, Jackie Mann began her role, as Vice President Integrated Health Services. Over the past twenty years Jackie has held several roles with increasing scope throughout acute care in Saskatoon, including staff Nurse, Manager, Director and Executive Director.

Jackie is a University of Saskatchewan graduate with a Bachelor of Science in Nursing as well as a Masters in Business Administration. Throughout her career Jackie has taken a keen interest in quality improvement initiatives as well as a focus on how to place patients at the centre of care. In 2007 Jackie received the Muriel Jarvis Award, a peer nominated award in recognition of 'Making a Positive Difference' in her role in the Saskatoon Health Region. Jackie has been a Certified Lean Leader since April 25, 2014.

Dr. Petrina McGrath, Vice President, People, Practice and Quality

Petrina McGrath joined the Region from the University Health Network (UHN) in Toronto, where she served as Director of Nursing since 2004. In this role, she co-led numerous patient safety initiatives and led UHN's Patient Centred Care strategy. Her previous roles include Clinical Nurse Specialist for palliative care and professional practice leader/educator for the medical/radiation oncology program at Sunnybrook and Women's College Health Centre as well as general nursing in Toronto and Saudi Arabia.

Petrina received her Bachelor of Science in Nursing at the University of Saskatchewan and her Masters of Nursing at the University of Toronto. She completed doctoral studies at the Fielding Graduate University in Santa Barbara, California in 2014. Petrina has also a Certified Lean Leader since April 30, 2013.

Corey Miller, Vice President, Integrated Health Services

Corey Miller joined the Saskatoon Health Region senior leadership team as Vice President Integrated Health Services in February 2014. Over the past 22 years, Corey held several different roles within Saskatoon Health Region including Manager of Medical Imaging, Director of Medical Imaging and Nuclear Medicine Services and Director of Practitioner Staff Affairs.

Corey holds a Medical Radiation Technologist designation, is a graduate of Health Care Administration through the University of Saskatchewan, as well as a Master's in Business Administration from the University of Regina. Corey is actively involved with The Saskatoon Chamber of Commerce – Health Opportunities Committee and Community service initiatives throughout Saskatoon. Corey has a passion and deep commitment for building the health-care system in Saskatchewan. Corey is working towards his Lean Leader Certification.

Jean Morrison, President and Chief Executive Officer, St. Paul's Hospital

Jean Morrison has over 25 years of experience in health. She has held diverse senior positions in the Saskatchewan healthcare system, including the position of Vice President of Performance Excellence and Chief Nursing Officer, Saskatoon Health Region, prior to becoming President and CEO of St. Paul's Hospital. Ms. Morrison also serves on the Board of Directors for a number of provincial and national organizations, including the Saskatchewan Institute of Applied Science and Technology, and Accreditation Canada.

Jean's path to St. Paul's followed a rewarding career in nursing, nurse management and chief executive officer positions. With a degree in Nursing from the University of Saskatchewan, and both a Master's of Nursing and a Master's of Health Services Administration from Dalhousie University, Halifax.

Jean has worked in a variety of roles and settings in the health system: as a special care aide in a long term care facility; as a registered nurse in a hospital in Saskatoon; as a public health nurse in rural Saskatchewan; and as a health administrator in Nunavut, rural Saskatchewan and Saskatoon.

Jean brings an in depth knowledge and appreciation for the unique shared governance and management partnership between St. Paul's Hospital Board of Directors and the Saskatoon Regional Health Authority, and a deep commitment to the contributions that faith-based healthcare brings to the Regional and provincial healthcare system. Jean has been a Certified Lean Leader since April 25, 2014.

Dr. Cory Neudorf, Chief Medical Health Officer

"Dr. Cory Neudorf has been working as a Medical Health Officer in Saskatoon since 1994. He started as a faculty member at the University of Saskatchewan, working as Associate Director of Northern Medical Services, and then became Deputy Medical Health Officer in the area of communicable disease control and population health for the Saskatoon District in 1996. He has been a member of the Region's senior leadership team (SLT) since 2000, and has had various roles in addition to his main responsibility as the Chief Medical Health Officer, including oversight of the Strategic Health Information and Planning Services, Information Technology, and Research Departments for the Saskatoon Health Region. As Chief Medical Health Officer, he provides medical leadership to Public Health Services, and reports on matters of public and population health to the Region's Senior Leader Team and the Saskatoon Regional Health Authority.

He received his medical degree from the University of Saskatchewan, a Master's of Health Science degree in Community Health and Epidemiology from the University of Toronto, and is a fellow of the Royal College of Physicians and Surgeons of Canada with Certification in the specialty of Public Health and Preventative Medicine. He is the past president of the Public Health Physicians of Canada, the Canadian Public Health Association, and the Canadian Population Health Initiative Council. Dr. Neudorf is an Associate Professor in the Department of Community Health and Epidemiology at the University of Saskatchewan, College of Medicine.

His research interests include health inequalities, health status indicators and surveys, health status monitoring and reporting, and integrating population health data and geographic information systems into public health and health planning. Dr. Neudorf has been a Certified Lean Leader since April 25, 2014.

Dr. Rob Weiler, Vice President, Practitioner Staff Affairs

Dr. Rob Weiler obtained his medical degree from the University of Saskatchewan College of Medicine and holds certification and fellowship from the Royal college of Physicians and Surgeons of Canada in Anesthesiology. He also completed the Master of Public Health at the University of Saskatchewan in 2013.

He trained in Saskatoon and Vancouver and for over 20 years provided service at St. Paul's Hospital's intensive care unit. He continues to work part time in Anesthesia. Rob believes it's important to link acute care needs and community health services and is interested in working toward an integrated, sustainable health system.

The Kaizen Fellowship Program

The region launched the Kaizen Fellowship Program in April 2014 to develop and retain executive talent capable of, and competent in, advancing the implementation of the Saskatchewan Health Care Management System. There are currently three program participants, each working on a large scale project to achieve health care system improvements. Participants also assist the organization in the use of Lean elements and tools to help achieve health system improvements.

Saskatoon Regional Health Authority Overview

Saskatoon Health Region is governed by the eight-member board of directors. The board members are appointed by the Minister of Health.

Michael Stensrud, Chairperson

Michael Stensrud is president and general manager of Miners Construction Co. Ltd., and has a long history of board volunteerism with community based organizations that provide supports for those in our community with intellectual and/or physical challenges. He replaced Jim Rhode as chairperson in early 2015, after Rhode's retirement from the board, and currently serves on the Board of Directors for Cosmopolitan Industries, and is secretary-treasurer of Airline Resorts and Hotels.

Megan Rumbold, Vice Chairperson

Megan Rumbold of Kuroki owns and operates a grain farm and independent seed retail operation. Megan dedicates her time to several local community and provincial initiatives. One of her latest projects was serving on the committee of the first Habitat for Humanity women's build for Regina. From 2009 to 2011, she worked in communications and issues management for the Minister of Health. Megan believes the most important person in the health care system is the patient; co-ordinating an organization specifically for the patient and promoting a culture of patient-centered care is vital to a successful health care system.

Gary Beaudin

Gary Beaudin of Saskatoon is the Director of Health and Social Development with Whitecap Dakota First Nation. Previously, he was employed with Greater Saskatoon Catholic Schools where he managed the social pediatrics services in St. Mary's Wellness and Education Centre, and the Saskatoon Health Region as a consultant for Addictions and Mental Health and Public Health Services in the area of health disparity research. Gary also worked for the Saskatoon Tribal Council as the first Executive Director of White Buffalo Youth Lodge and program Coordinator at the STC Family Centre.

Gary's previous board work includes being a past board member with the Community Health Services Association, Saskatoon Health Region Ethics Committee, Saskatoon French School Society, Big Brothers/Big Sisters and Saskatoon Crisis Intervention Services. Gary has a sociology degree from the University of Saskatchewan.

Randy Donauer

Randy Donauer of Saskatoon is currently the director of Helps Ministry and a deacon at the Saskatoon Christian Centre Church. He is also owner/director of Boat Safe Saskatoon. Previously, Randy was a supervisor with the Citizenship and Immigration office in Saskatoon. Randy is an executive member of the Saskatoon Mayor's Prayer Breakfast Committee. For several years, Randy was a coach with the Saskatoon Minor Basketball Association.

Malcolm Eaton

Malcolm and his wife Carol live in Humboldt and have raised a family of five children in the community over the past 25 years.

In 2006, Malcolm retired after a 34 year career as a teacher and school principal. He continues to teach part-time in the industrial arts program at the Humboldt Collegiate. Malcolm is currently the Mayor of Humboldt. He was first elected to Humboldt City Council in 2003 and became the Mayor in 2006.

Living in the community for over 25 years and raising a family has allowed Malcolm the opportunity to be involved in a wide range of community groups, events and activities. These include school activities, minor sports groups, church activities, cultural and recreational programs, and community development projects.

J.R. (Ross) Huckle

Ross Huckle of Saskatoon is the owner of Huckle Resources Plus. He served in the Canadian Forces over 20 years as a fighter pilot and Senior Staff Officer, serving in five provinces and in Europe. He holds an Engineering degree from the University of Saskatchewan.

For several years he was manager of marketing and customer service at SaskEnergy. Ross was also active as a councillor for the town of Raymore and as a vice-president of the Raymore Recreation Board. For two terms he was president of the Baden-Soellingen Officers Mess. Ross has served on several committees and boards, including Franchise Network, SaskEnergy and City of Saskatoon / SaskEnergy Technical Planning Committee.

Frank Lukowich

Frank Lukowich of Saskatoon works as an investment advisor. He has a Bachelor of Arts from the University of Saskatchewan and two diplomas from the Dale Carnegie Training Program.

Ann Mueller

Ann Mueller of Cudworth recently retired from the position of executive director of the Saskatchewan Music Educators Association. Her long and successful professional career includes administrative positions at the Kerrobert Nursing Home and the Strasbourg and District Health Center.

Ann was part of the Strasbourg team that piloted one of the five original Health Centers in the early 1970s. She assisted with the co-ordination of the training program for the first nurse practitioners in the province and was directly involved in the implementation of the Provincial Home Care Program. In addition to instructing adult community art classes and private piano and voice lessons, Ann taught the fine arts program in the William Derby High School in Strasbourg.

Ann has served in various capacities as an alderman for twelve years: president of the Strasbourg and District Health Center; councilor for the Regina Rural Health area; and a member of a three-person appeal board mandated by the Minister of Health to conduct hearings and resolve health related disputes in the province. Ann has served as an appointed member of the University of Saskatchewan Board of Governors, a member of the Royal University Hospital Board and a member of St. Peter's Junior College board in Muenster.

She is presently a member of the board of directors of St. Michael's Haven, an assisted living facility in Cudworth and an honorary board member of the Saskatoon Children's Choir.

Committees

The operation of Saskatoon Regional Health Authority was supported by seven committees and one Council during 2014-15:

- Executive Committee
- Audit, Finance and Risk Committee
- Human Resources Committee
- Partnership Committee
- Policy and Governance Committee
- Quality and Safety Committee
- Stakeholder Relations Committee
- Practitioner Liaison Council

Each committee included three or more members of the Saskatoon Regional Health Authority and had terms of reference defined in policy.

Roles of the Committees

Executive Committee: Serves in a facilitative role to provide support to the Chair and the board; exists to deal with exceptional circumstances facing the Saskatoon Health Region.

Audit, Finance and Risk Committee: This is a joint committee of the Saskatoon Regional Health Authority and the St. Paul's Hospital Board of Directors. Assists the Boards in carrying out their governance roles related to audit, finance and risk management throughout the Region. The committee oversees financial reporting process, business risk process and adequacy of internal controls, relationships with external and internal auditors, financial compliance issues, the internal audit function and major risks inherent to the business, facilities and strategic directions. Ensures management has effective systems of internal control. Facilitates the audit function and helps board members meet their Audit, Finance and Risk responsibilities.

Human Resources Committee: Provides oversight and ensures compatibility between the Saskatoon Health Region Strategic Development Plan and human resources strategies; also assists the board in evaluating the performance of the President and Chief Executive Officer of the Saskatoon Health Region.

Partnership Committee: This joint committee of the Saskatoon Regional Health Authority and the St. Paul's Hospital Board assists the two boards in carrying out their governance roles and enhances the effectiveness of the partnership agreement between the two.

Policy and Governance Committee: Leads biennial review of Governance Charter; reviews new policies brought forward by other board committees; identifies revisions to the Governance Charter; monitors and reviews board performance and conducts an annual, formal board evaluation; ensures the skills matrix is completed and reviewed on an annual basis; helps facilitate the education and professional development of the board and its members; leads the RHA in addressing Accreditation Canada governance requirements.

Quality and Safety Committee: This joint committee of the Saskatoon Regional Health Authority and the St. Paul's Hospital Board assists the two boards in carrying out their governance role related to quality of care, a culture of safety and ethics throughout the Region. Dimensions of quality to be addressed by the committee include accessibility, equity, client centeredness, efficiency, effectiveness, safety and competency.

Stakeholder Relations Committee: Ensures positive external stakeholder relations and ongoing assessment and analysis of effective stakeholder engagement in relation to policy and strategy for the organization.

Practitioner Liaison Council: Serves as a liaison between the Saskatoon Regional Health Authority and the respective regional practitioner association and seeks, in a spirit of cooperation, to maintain and improve the provision of health services in the health region.

Transparency

The board invites all members of the public to its monthly board meetings in the interest of transparency, and responds to questions from the community and the media.

Saskatoon Regional Health Authority is responsible for maintaining and enhancing public confidence in the health-care system and in the Region. This is done in a variety of ways, from ensuring timely access to quality services and being sound stewards of financial resources, to the holding of regular public meetings.

During 2014-15, the Saskatoon Regional Health Authority continued to take actions that support public transparency of its operations, including: posting notice of board meetings in communities within the Region; issuing media advisories on board meetings and agendas; posting on a website the board meeting dates, minutes and information on board members; holding regular business meetings in public; reporting on board activities in the Region's internal and external newsletters; issuing media releases for key announcements; and being responsive to media requests for information that are directed to informing the public.

The Saskatoon Regional Health Authority's Governance Charter, which details roles, responsibilities, functions and structures, as well as other information about the board can be found at: https://www.saskatoonhealthregion.ca/about/Pages/Governance.aspx.

Quick Facts

Descriptive Indicators	2014-15
Primary Care	
Home Care - Number of Discrete Clients Seen	10,934
Home Care - Total Visits Nursing	243,481
Healthline (RN & MH Queues) - Registered (Answered) Call Volumes	20,023
Healthline (RN & MH Queues) - Registered Patient Volumes	26,898
Ambulance Calls / Responses	33,576
Acute Care	
Emergency Department Visits (Urban & Rural)	150,985
Inpatient Discharges (Urban & Rural)	46,873
Newborns (Urban & Rural)	5,512
Adult & Child Patient Days (Urban & Rural)	342,489
Newborn Patient Days (Excludes transfers in) (Urban & Rural)	18,178
Average Daily Census YTD - (Urban Only)	830
Average Beds Open and in Operation	826
Proxy Average Length of Stay (in Days) (Urban Only)	7.9
Diagnostic/Specific Procedures	
Number of Hip Replacements	1,017
Number of Knee Replacements	1,249
Cataract Surgery	4,849
Operating Room Inpatient (Urban & Humboldt)	38,800
MRI Exams	26,867
CT Exams	40,232
PET Exams (Patients)	1,339
Lab Tests	9,856,864
HIV Tests Administered	3,617
Seniors' Health and Continuing Care	
Number of Long Term Care Beds	2,257
Mental Health & Addiction Services	
Inpatient Discharges (Dubé Centre Acute Care)	1,090
Calder Centre - Resident Days	14,259
Population and Public Health	
Immunizations (All Types)	137,542

Demographics and Geography

The makeup and distribution of the province's population provides some insight into the pressures that the health system can anticipate over the next few years.

Population continues to grow in Saskatchewan – In January 2015 the province's population was 1,132,640 which was a 1.56 per cent growth over January 2014. In terms of age distribution, the population of seniors (65+) in Saskatchewan was around 162,900 and the population of children (and newborns) (0-14) was around 213,000. The increase in the population of seniors (65+) has the effect of anticipated corresponding increase in demand for all types of healthcare services – as this is the point in life where individuals consume greater amounts of healthcare.

Population growth continues to be strong – In July 2014, Saskatoon had a population of 300,634 – an increase of 3.2% over the last year. The population increased has been largely attributed to newcomers.

Affiliates and Key Partner Organizations

The following is the list of Saskatoon Health Region's Affiliates and key partner Health Care Organizations and Third Parties.

Affiliates

1	Bethany Pioneer Village Inc.
2	Circle Drive Special Care Home Inc.
3	Duck Lake and District Nursing Home Inc.
4	Jubilee Residences Inc. (Stensrud Lodge)
5	Jubilee Residences Inc. (Porteous Lodge)
6	Lakeview Pioneer Lodge Inc.
7	Luther Care Communities (Lutheran Sunset Home)
8	Mennonite Nursing Home Inc.
9	Oliver Lodge
10	Saskatoon Convalescent Home
11	Sherbrooke Community Society Inc. (Central Haven Special Care Home Inc.)
12	Sherbrooke Community Society Inc. (Sherbrooke Community Centre)
13	Spruce Manor Special Care Home Inc.
14	St. Ann's Senior Citizens Village Corporation
15	St. Joseph's Home for the Aged
16	Strasbourg and District Health Centre
17	Sunnyside Adventist Care Centre
18	Warman Mennonite Special Care Home Inc.

Community Based Organizations and Third Parties

1	Autism Treatment Services of Saskatchewan Inc.
2	Canadian Mental Health Association
3	Central Urban Métis federation (1993) Inc.
4	Cosmopolitan Industries Ltd.
5	Community Health Services (Saskatoon) Association Ltd.
6	Crocus Cooperative
7	Elmwood Residence Inc.
8	Humboldt and District Ambulance Service
9	Langham Senior Citizens' Home
10	Lanigan and District Ambulance Association
11	Lighthouse Supported Living Inc.
12	M.D. Ambulance Care Ltd.
13	Midway Ambulance Care Ltd.
14	Persons Living with AIDS Network of Saskatchewan Inc.
15	Preston Nursing Home, Saskatoon Extendicare (Canada) Inc.
16	Quill Plains Ambulance Care Ltd.
17	Rosthern and District Ambulance Service
18	Samaritan Place Corp.
19	Saskatoon Infection Disease Care Network Corp
20	Saskatoon Council on Aging Inc.
21	Saskatoon Crisis Intervention Services Inc.
22	Saskatoon Housing Coalition Inc.
23	Saskatoon Services for Seniors
24	Saskatoon Police Service
25	Saskatoon Tribal Council Urban First Nation Services Inc.
26	Shamrock Ambulance Care Inc.
27	Strasbourg Ambulance Service
28	Student Wellness Initiative Toward Community Health
29	The Saskatoon Downtown Youth Centre, Inc.
30	Wakaw Ambulance Service

Saskatoon Health Region's Strategic Plan

Saskatoon Health Region outlined its strategic priorities in its Strategic Plan for 2014-15.
Apart from the Provincial Hoshin, the region had five other strategic priorities or Hoshins. Following is a brief snapshot of the Hoshins and the progress in each of them.

1) **Children's Hospital of Saskatchewan**

In February 2015, after significant planning and preparation, the blueprints for Children's Hospital of Saskatchewan main building were completed and released for tender. It took a number of months to finalize these blueprints, which now include required building adaptations for the

additional patient rooms for which approval and funding was received in the spring of 2014. The blueprints include all the details that contractors need, everything from mechanical to electrical to structural, to build this state-of-the-art hospital.

The construction documents have been released to the pre-qualified bidders. Last year, the project team had issued requests for proposals from interested contractors for main building construction. The pre-qualification process streamlines the tender processes by ensuring bidders are able to deliver on a construction project of this size.

Meanwhile, in preparation for main building construction, required foundation and piling work has been underway since September 2014. This work has been divided into two phases.

Phase 1 piling needed to be completed prior to the start of main building construction. By the end of February, all required 240 Phase 1 piles were in place. The contractor responsible for Phase 1 piling has now cleaned up the site in preparation for the start of main building construction. Phase 2 piling needs to be completed during main building construction and will see an additional 61 piles placed as part of the CHS main building construction.

Complete information about the hospital is at https://www.saskatoonhealthregion.ca/chs.

2) Safety Alert System

Saskatoon Health Region launched the Safety Alert System at St. Paul's Hospital on March 11, 2014. More information about the SAS and its journey over its first year can be found in the Better Care section.

3) Financial Health – Balanced Budget

For the 2014-2015 fiscal year Saskatoon Health Region received revenues of $1.153 billion and incurred expenses of $1.172 billion resulting in an operating deficit of $19.36 million (2013-14 - $1.27 million surplus). This is equivalent to 1.65 percent of overall expenditures or approximately 6 days of operations. Overall, $1.039 billion or 92.5 percent of operating funding was provided by the Ministry of Health, with the remainder of funding received from sources such as hospital foundations and investment income.

The $1.172 billion in operating expenses averaged to $3.2 million per day to meet the health needs of the community. These costs were distributed as follows:

- $801 million or 68 percent was spent on providing services to patients and residents in our facilities;
- $134 million or 11 percent spent on community-based, primary health, home care, population health and mental health services;
- $150 million or 13 percent on operational support services (such as laboratory, diagnostic imaging and pharmacy services) and;
- $87 million or 8 percent on support and ancillary services.

Saskatoon Health Region began the 2014-2015 fiscal year with a $40 million shortfall in revenues over expenses. In order to achieve a balanced position the Region focused on the following:

- managing volume increases through patient flow, length of stay and additional bed capacity;
- reduced supply costs through provincial procurement initiatives;
- maximizing and optimizing resources to demand; and
- Rapid Process Improvement Workshop (RPIW) replication, attendance management, Position Optimization Oversight Committee to review all position postings and initiatives to reduce overtime.

Saskatoon Health Region experienced significant volume pressures in 2014-2015. Compared to the previous year, adult and child patient days increased by 3.3 percent (9,741 days), newborn days decreased by 4.3 percent (862 days), deliveries increased by 3.5 percent (186 deliveries) and emergency visits increased by 3.5 percent (4,204 visits). Regional Home Care Services increased during 2014-2015, home nursing visits increased by 10.5 percent (25,793 visits) and home services visits increased by 4.0 percent (22,199 visits). Total paid sick hours increased from last fiscal year by 3.9 percent, paid overtime hours increased by 32.3 percent, orientation hours increased by 38.8 percent and total paid full time equivalents increased by 3.2 percent.

4) Targeted Capital Investments in High Risk infrastructure Areas

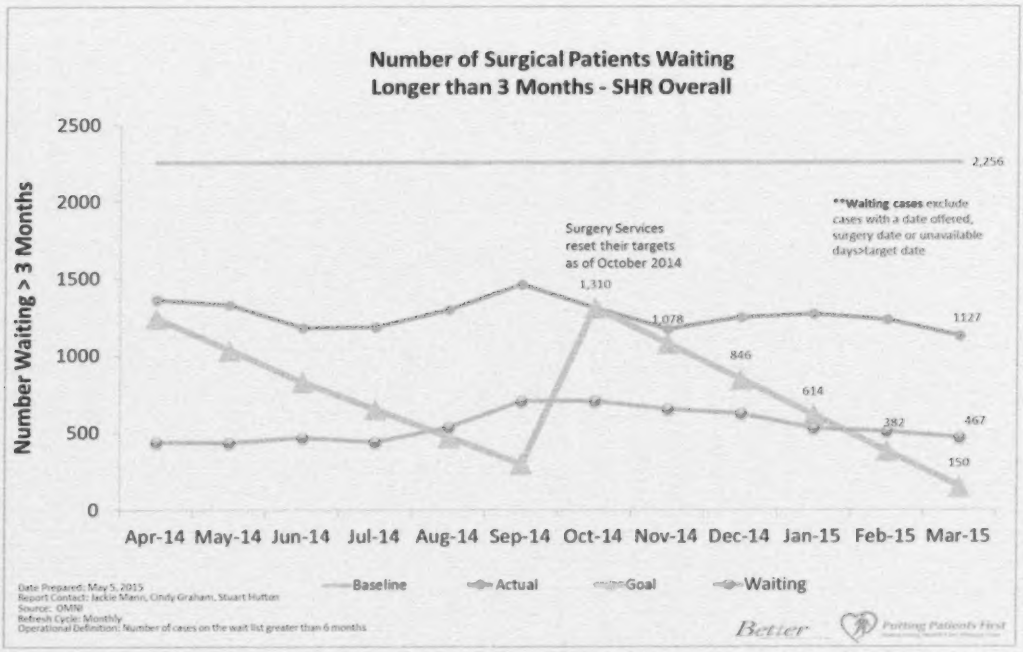
The capital expenses for 2014-2015 were $40.5 million; the Region received capital funding of $38.54 million. Overall, 66.7 percent of capital revenue was provided by funding from the Ministry of Health. The remainder of the funding was received from various sources such as the foundations and investment income. The Capital Fund ended the year with a deficit of $1.96 million due to funding received in prior years that were utilized in this fiscal year.

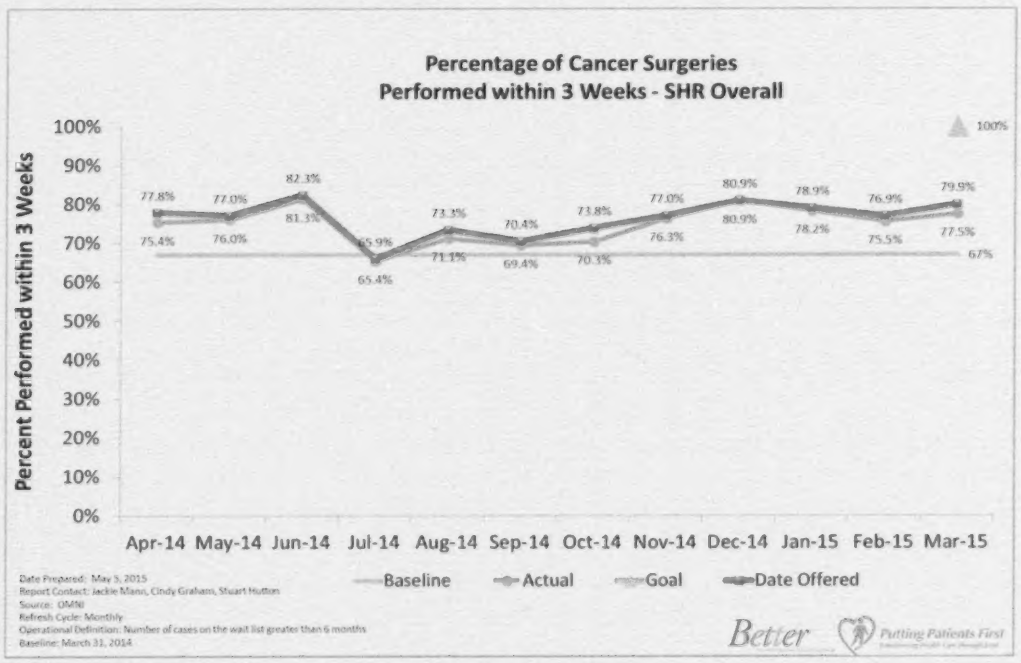
Approximately 25 percent of the capital spending was spent on medical equipment, diagnostic imaging equipment and information technology while 75 percent was spent on capital and infrastructure projects.

5) Surgical Wait Times – Enhance Capacity, Scheduling and Patient Flow for Surgical Patients

Saskatoon Health Region has been focused on meeting the provincial surgical wait time targets by November 2014. For this, the implementation plan included creating additional capacity at Royal University Hospital and St. Paul's Hospital, validation of patient wait list for all surgeons, and expanding the process of pooling for referrals of surgery patients.

For better scheduling of surgeries, a production board with weekly targets per service was implemented in November 2014. Barriers and challenges are identified with each service that is not meeting weekly target to facilitate root cause analysis. An escalation process has been developed to remove barriers.


Number of Surgical Patients Waiting Longer than 3 Months - SHR Overall
Number Waiting > 3 Months
2500
2000
1500
1000
500
0
2,256
**Waiting cases exclude cases with a date offered, surgery date or unavailable days>target date
Surgery Services reset their targets as of October 2014
1,310
1,078
1127
846
614
382
467
150
Apr-14 May-14 Jun-14 Jul-14 Aug-14 Sep-14 Oct-14 Nov-14 Dec-14 Jan-15 Feb-15 Mar-15
Baseline
Actual
Goal
Waiting
Date Prepared: May 5, 2015
Report Contact: Jackie Mann, Cindy Graham, Stuart Hutton
Source: OMNI
Refresh Cycle: Monthly
Operational Definition: Number of cases on the wait list greater than 6 months
Better
Putting Patients First


Percentage of Cancer Surgeries Performed within 3 Weeks - SHR Overall
Percent Performed within 3 Weeks
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
100%
77.8%
77.0%
82.3%
75.4%
76.0%
81.3%
65.9%
65.4%
73.3%
71.1%
70.4%
69.4%
73.8%
70.3%
77.0%
76.3%
80.9%
80.9%
78.9%
78.2%
76.9%
75.5%
79.9%
77.5%
67%
Apr-14 May-14 Jun-14 Jul-14 Aug-14 Sep-14 Oct-14 Nov-14 Dec-14 Jan-15 Feb-15 Mar-15
Baseline
Actual
Goal
Date Offered
Date Prepared: May 5, 2015
Report Contact: Jackie Mann, Cindy Graham, Stuart Hutton
Source: OMNI
Refresh Cycle: Monthly
Operational Definition: Number of cases on the wait list greater than 6 months
Baseline: March 31, 2014
Better
Putting Patients First

Better Health

Better Health Strategy: Improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health disparity gap.

2014-15 health system priorities and targets:

- By March 2017, people living with chronic conditions will experience better health as indicated by a 30 per cent decrease in hospital utilization related to six common chronic conditions (diabetes, coronary artery disease, chronic obstructive pulmonary disorder, depression, congestive heart failure and asthma).
- By March 2017, there will be a 50 per cent improvement in the number of people who say "I can access my Primary Health Care Team for care on my day of choice either in person, on the phone or via other technology."
- By March 31, 2020, 80 per cent of patients with 6 common chronic conditions diabetes, coronary artery disease, chronic obstructive pulmonary disorder, depression, congestive heart failure and asthma) are receiving best practice care as evidenced by the completion of provincial flow sheets available through approved electronic medical records (EMR) and the eHR viewer.
- By March 31, 2015 increase home care utilization and clients in the three pilot RHAs by 5 per cent.
- By March 31, 2017 wait time benchmarks for mental health and addictions will be met 100 per cent of the time.

There are currently 25 Primary Health Care Sites in Saskatoon Health Region. Each site consists of an interdisciplinary team that has a unique mix of health professionals based on community need.

76 per cent of primary health sites are using an electronic medical record (EMR) to manage patient charts and provider schedules. Each team designs customized workflows to meet the needs of their clients. Primary Health Care uses an 11 item provincial patient experience survey developed by Saskatchewan Health Quality Council. Survey results are used by primary health teams to identify areas for improvement.

Site Name	EMR Implementation Date*	# of Active Clients	# Discrete Clients who presented for care	# of appointments completed
Borden	2010	893	545	3337
Community Nurse Practitioner Sites (Including Oskayak, Nutana, WBYL, Mount Royal)	2011	1357	660	1293
Cudworth/Wakaw	April 2014	2664	1727	6560
Delisle	June 2014	902	574	1782
Duck Lake Beardy's	2012	969	457	1233
Primary Health Centre South East	June 2014	962	649	2730
Strasbourg	2011	2878	1681	6581
Wadena	December 2014	1257	987	1736
West Winds – AFM	2009	5069	3928	34830

Whitecap Dakota First Nations	July 2013	398	258	1173
Wynyard	2012	6560	3521	11128
Health Bus	November 2014	N/A	N/A	1743
*Sites implemented in 2014 will have incomplete data				

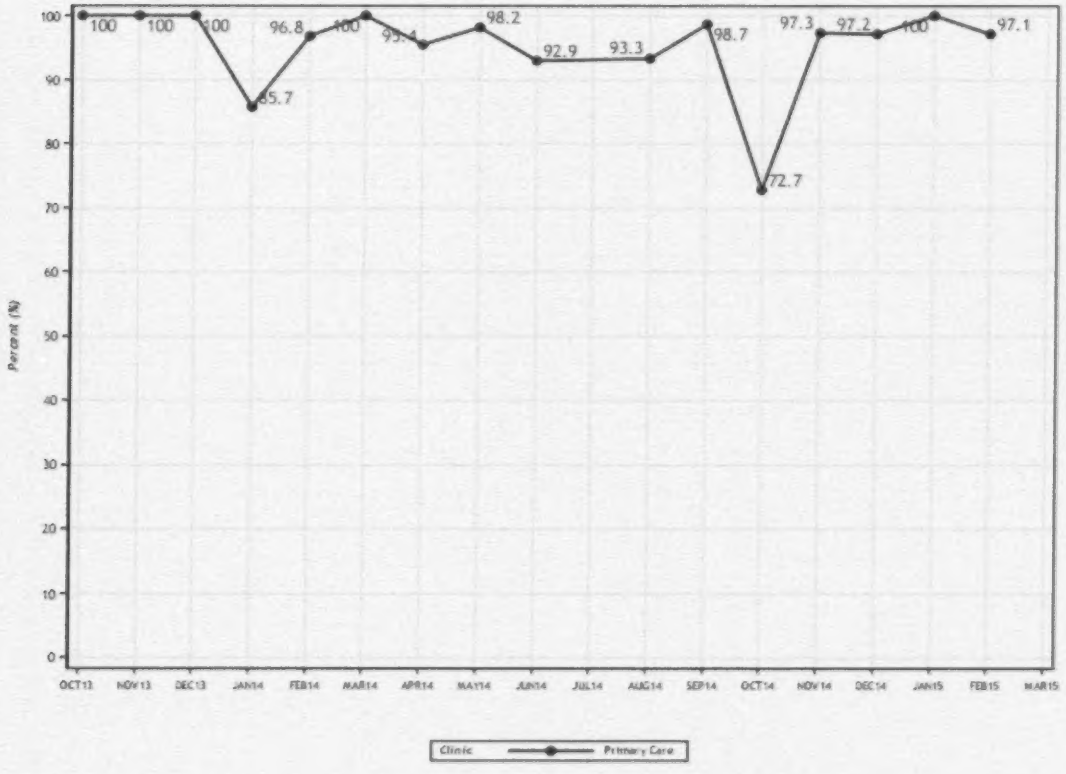
# of active clients – a count of all active clients' charts assigned to each primary health team/site.

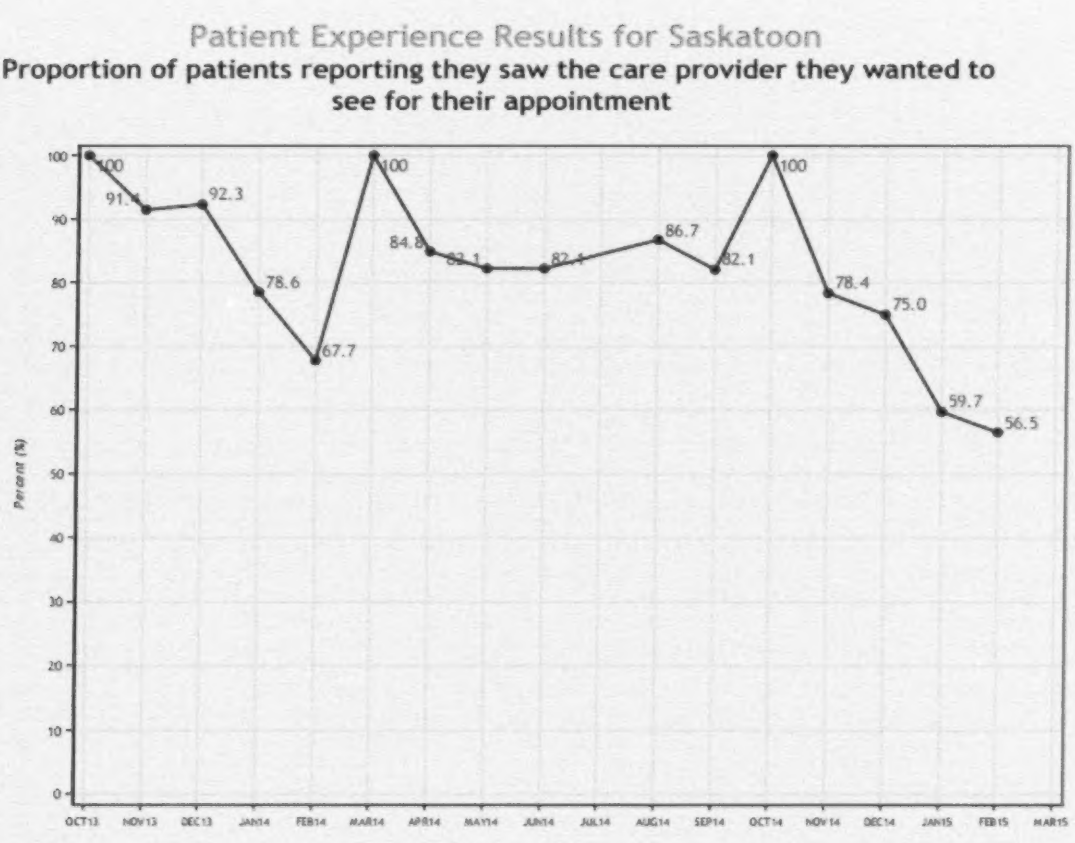
# of discrete clients who presented for care – a count of all clients who presented for an appointment with a member of primary health team during the 2014/15 fiscal year

# of completed appointments – the total number of appointments completed by all primary health team members in the 2014/15 fiscal year. Note this may include lab visits, foot care, pharmacy education, physician, NP, etc.

Patient Experience Results for Saskatoon

Proportion of patients reporting they were able to get an appointment on their day of choice





Home Care

The provincial target was to increase Home Care utilization and number of clients in pilot Regional Health Authorities' by 5 per cent by March 31, 2015. In 2014-15, Saskatoon Health Region increased Home Care utilization by 10 per cent over the previous year. This was important in order to:

1. ensure patients could be discharged from the hospital into a setting where they have the needed supports in place;
2. reduce reliance on emergency room visits;
3. ensure seniors can stay in their own homes as long as they are able;
4. assist seniors to be safe and independent; and
5. help seniors with chronic care needs to lead a healthier life.

Home First Program

Our inter-disciplinary team –Nurses, Continuing Care Assistants, Nurse Practitioners , Registered Psychiatric Nurses, Physical Therapists, Occupational Therapists, Pharmacists and a Case Manager – have helped us to better design and deliver care to our clients.

Cellular staffing model of our Continuing Care Assistants

This model, which focuses on a consistent team of providers who work with a specific group of clients, has:

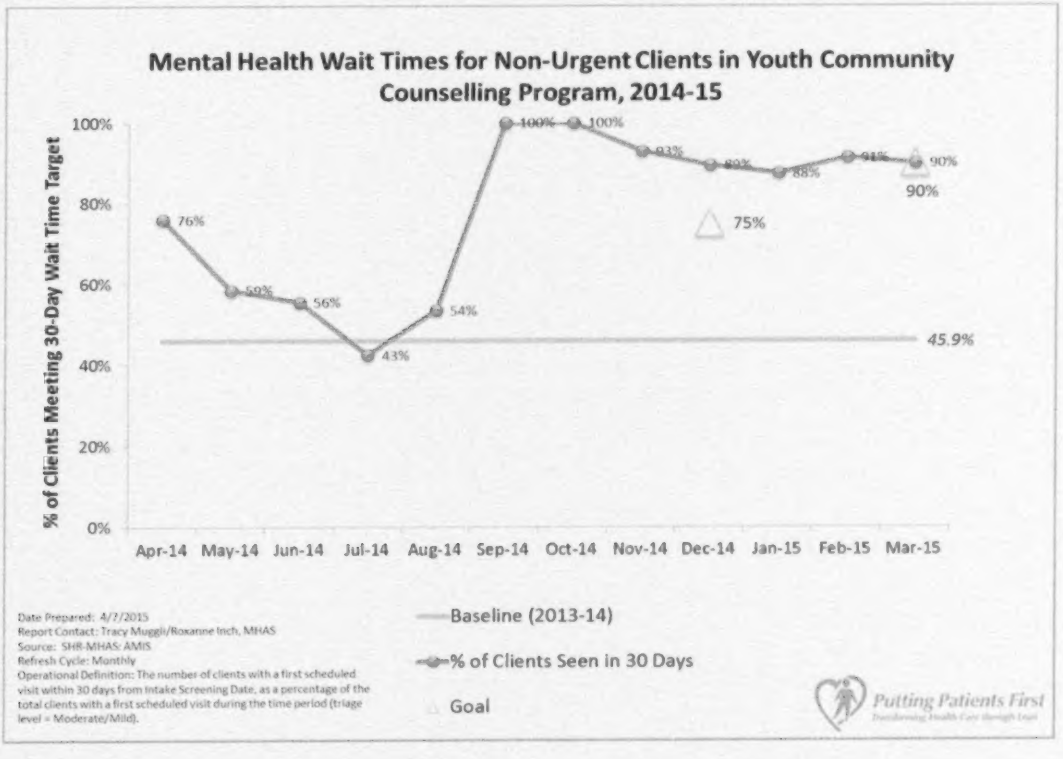
1. Improved consistency of care – Care providers and clients get to know each other better. This approach has reduced the number of providers coming to a client's door by over 40 per cent.
2. Decreased the miles travelled by providers by over 50 per cent which gives them more time to spend with clients.

Community Treatment Centre at Saskatoon City Hospital

Primarily focusing on wound care, this project provides clients a scheduled appointment time so they can receive care when it's convenient for them. Staff can devote more time to patient care and are able to care for more people.

Mental Health and Addiction Services (MHAS)

Timely access to care is of pivotal importance in a Mental Health setting. By March 31, 2015 the provincial target was for 90 per cent of clients have a scheduled first appointment within 30 days. Saskatoon Health Region met this target at the end of 2014-15.



Better Care

Better Care Strategy: in partnership with patients and families, improve the individuals experience, achieve timely access and continuously improve healthcare safety.

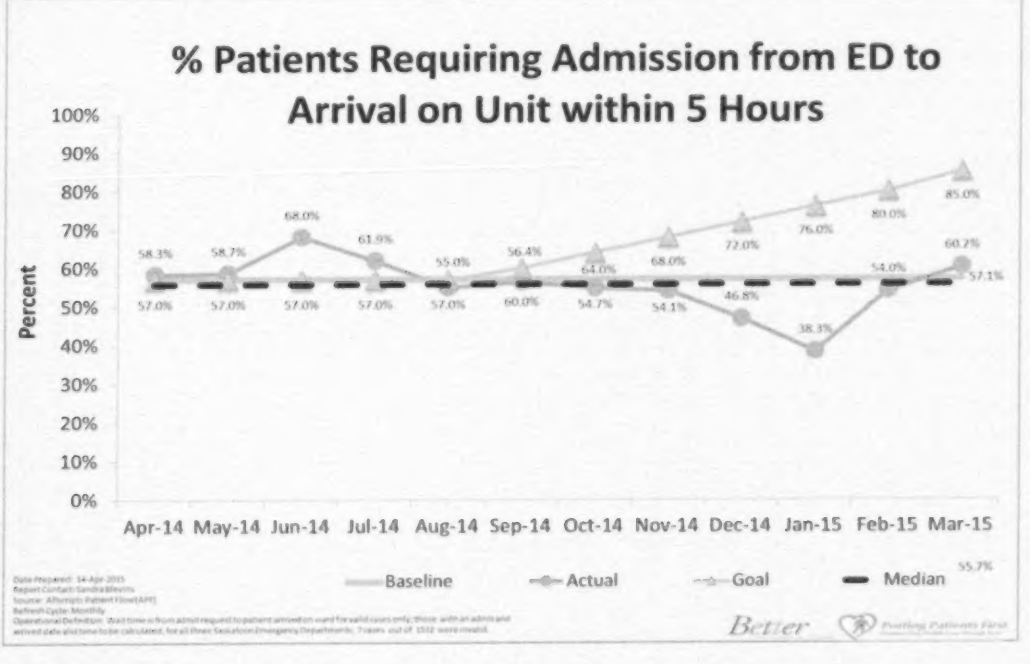
2014-15 health system goals and targets:

- By March 2019, there will be increased access to quality mental health and addiction services and reduced wait time for outpatient and psychiatric services.
- By March 31, 2017 no patient will wait for care in the emergency department.
- By March 31, 2015 there will be a 50 per cent reduction in Emergency Department waits.

Emergency Department Flow

Treating a patient in an appropriate setting and as soon as possible is a critical healthcare practice. Any back-up of patients in the Emergency Department is also symptomatic of no inpatient beds being available at that point of time. By March 31, 2015 the provincial target was to have 85 per cent of patients requiring admission to hospital from the emergency department, arrive on the unit within five hours. Saskatoon Health Region met that target 62 per cent of the time at the end of 2014-15.

All Canadian Triage and Acuity Scale (CTAS) levels of patients are being monitored to make sure that everyone is looked after, irrespective of their acuity. Using Lean-based methods, we redesigned our triage process which reduced the time between when an individual walks into emergency to the time they are in the appropriate unit by 51 per cent.



Client Falls

Falls among seniors (individuals 65 years and older) have become a significant health concern in Canada. Falls are experienced by more than one third of seniors and can have a devastating physical and psychological impact resulting in disability, chronic pain, loss of independence, reduced quality of life, and even death. Falls are the leading cause of injury for seniors and also contribute to a significant burden on the health care system.

In 2014-15, Saskatoon Health Region's Hospitals reported 1,420 falls. Long term care homes reported a total of 6,610 falls. Saskatoon Health Region implemented its Fall Reduction and Injury Prevention Strategy in home care and long term care in 2011 in accordance with the Provincial Safer Health Care Now Initiative. Fall Reduction became a required organizational practice consistent with the Canadian Falls Curriculum. This is an ongoing process requiring continual attention to safety, quality improvement and evaluation.

It is important to recognize that event reporting in long term care has increased with increased education and awareness since the onset of the fall strategy. Reporting increases in all areas will help foster trending and quality improvement in the years ahead.

Through partnerships and collaboration, Saskatoon Health Region is dedicated to working together to prevent falls. The Region's fall reduction strategy address falls and the injuries caused from falls across the continuum of care including settings as acute care, rehabilitation, residential care, home care, outpatient services, mental health, long term care and other areas of the community.

There are various programs addressing falls through assessment, education, awareness, research, and the use of resources and safety equipment in Saskatoon and surrounding area , such as Staying on Your Feet - Falls Prevention Education and Balance Program, Maintaining Independence Interdisciplinary Community Fall Prevention Clinics, EMS and Seniors Health Community Fall Prevention Para Medicine Project, "Forever ... in motion", "Standing Tall" Clinics, etc.

Hand Hygiene

Washing your hands correctly (or using an alcohol-based hand rub) is the most effective thing you can do to protect yourself against a number of infectious diseases. Not only will it help keep you healthy, it helps in preventing the spread of infectious diseases to others. GermSmart is an award winning community hand hygiene initiative for schools, daycares and workplaces.

Overall compliance with Hand Hygiene was at 84.1 per cent in March 2015 in the Saskatoon Health Region compared to 79.3 per cent March 2013 and 82.9 per cent in March 2014.

In 2014-15, as a part of the TWI (Training with Industry) train the trainer program, 119 people were certified as trainers to teach hand hygiene.

Better Value

Better Value Strategy: Achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment and information infrastructure.

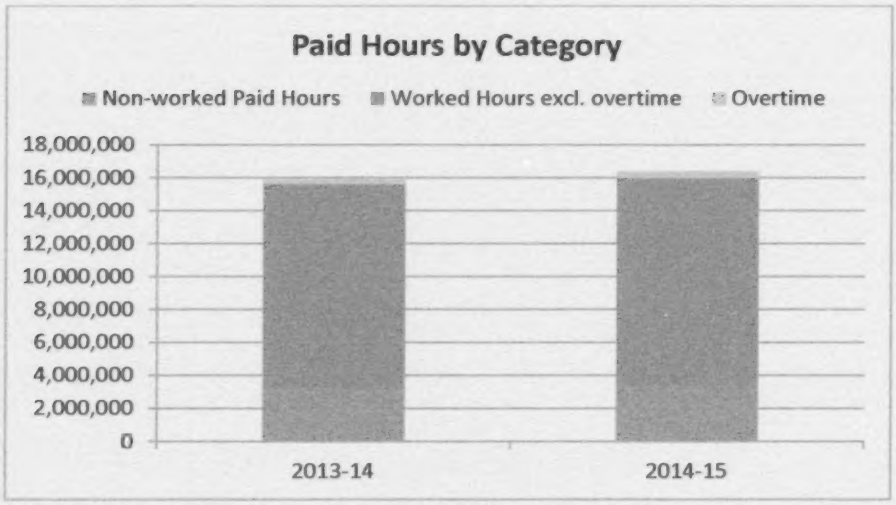
2014-15 health system priorities and targets:

- By March 2017, as a part of multi-year budget strategy, the health system will bend the cost curve by lowering status quo growth rate by 1.5 per cent per year.
- By March 2017, all infrastructures (information technology, equipment and facilities) will integrate with provincial strategic priorities, be delivered within a provincial plan and adhere to provincial standard work.
- By March 2015, shared services will achieve measurable improvements in quality while achieving $100 million in cumulates savings.
- By March 2015, the 2014-15 approved business cases for shared services will be presented for feedback and implemented once a final decision is made and an implementation plan is in place.
- By March 31, 2015 we will have spent 1 per cent less on straight time worked hours and premium hours than in 2013-14, resulting in approximately $20M in savings to the system.
- By March 31, 2015 equipment and facility renewal planning processes will be developed to ensure a coordinated and integrated provincial approach.

Overtime – Straight Time Scheduling

By March 31, 2015 the provincial target was to have spent 1 per cent less on straight time worked hours and premium hours than in 2013-14, resulting in approximately $20M in savings to the system.

Initially, the focus of the province was to reduce straight time worked hours and overtime hours simultaneously. Saskatoon's Health Region Position Optimization Oversight Committee and accompanying process resulted in a decrease of straight time hours but in an increase in the overtime hours. The focus in the Region now has been on reducing overtime hours. Over the 2014-15 fiscal year the Region saw its' overtime hours increase by 32.41 per cent, from 279,676 hours to 370,309 hours. These hours included both paid and banked time. Consultations were held with the top 25 overtime utilizing departments to understand their needs and the root causes behind overtime and to increase staff engagement.



[1] *Overtime hours are paid at premium rate. Overtime hours that are banked and utilized later as time off or paid out are recorded as regular hours. For example, if overtime is paid at double time, then two hours for every hour of overtime are added to the employees' bank. When the employee takes the time off the hours paid are recorded as regular hours paid.*

Information Technology (IT)

Any service delayed is a cost to the organization – the person requesting the service cannot get her work done, resulting in a loss of productivity. In 2014-15, Saskatoon Health Region's IT department worked to reduce the time it took for them to deliver a service. The target was to have 80 per cent of tickets (problems) resolved on first contact. Using Lean strategies, we exceeded that target, solving 91 per cent of problems solved on first contact with IT.

Shared Services – Savings

3sHealth provides province-wide shared services to support Saskatchewan's healthcare system. Working together with their partners, they find innovative solutions to complex problems to help create a sustainable system for future generations. The shared services they provide include payroll processing and employee benefits administration for over 42,000 healthcare system employees, as well as joint contracting for goods and services.

In 2014-15, 3sHealth developed five values that guide their work, priorities, and interactions with clients and stakeholders. They are:

- Collaboration
- Innovation
- Integrity and trust
- Transparency
- Bold and courageous leadership

In alignment with those values and together with health regions and the Saskatchewan Cancer Agency, 3sHealth celebrated the following key achievements in 2014-15:

- Surpassed its five-year cost savings goal of $100 million for the healthcare system, saving over $110 million through collaboration and innovation in provincial contracting, linen savings, and other initiatives.
- Completed, in partnership with Regina Qu'Appelle Health Region and Wascana Rehabilitation Centre, a lean replication event that improved linen handling and inventory management in long-term care units.
- Worked with provincial contracting partners to create a product issue reporting process, ensuring safe, high-quality products are available for patient care across the healthcare system.
- Explored improvement opportunities in areas such as transcription services, the provincial supply chain, environmental services, medical laboratory services, medical imaging services, enterprise resource management, and enterprise risk management, focusing on the ways the system can work together to implement solutions that improve care for patients and their families.

Better Teams

Better Teams Strategy: Build safe, supportive and quality workplaces that support patient – and family-centred care and collaborative practices, and develop a highly skilled, professional and diverse workforce that has a sufficient number and mix of service providers.

2014-15 health system priorities and targets:
To achieve a culture of safety, by March 31, 2020 there will be no harm to patients or staff

- By March 31, 2015, "Stop the Line" will be replicated in three acute care facilities in Saskatoon and one other agency/region.
- By March 2016, there will be zero shoulder and back injuries.

"Stop the Line" Safety Alert System

The Safety Alert System was launched at St. Paul's Hospital in Saskatoon on March 11, 2014. The Safety Alert System was designed using Lean processes and methodologies with input from patients, families, employees from the Region's departments including Facilities Management, Occupational Health and Safety and Clinical Support Services, nurses, physicians and Health Region Senior and Operational.

The focus this year was to establish the Safety Alert System pilot at St. Paul's Hospital and refine the system so it could be replicated to other areas. The current Safety Alert System involves reporting, assessing the level of risk, and establishing standard response timelines based on risk.

The system has faced some challenges over the first year, chief among these being the database where safety reports are managed. The Region is on its third version of the database, with all the suggestions for improving it coming from the managers and staff that use it.

The system has made safety reporting easier and simpler, which has led to increased reporting and the ability to immediately raise safety issues with someone who can help prevent those issues from happening

again. From March 11, 2014 to March 11, 2015, a total of 7,502 calls were made to the system, with 6,312 related to patients, 34 related to visitors and 1,153 related to staff.

Physicians and staff are now using the Safety Alert System to highlight system issues.

Shoulder and Back Injuries

Health care workers can hurt their backs and shoulders while lifting, transferring and repositioning patients, client and residents and while handling objects and equipment. Back and shoulder injuries accounted for 29.7 per cent of claims in the workers' compensation system in the calendar year of 2014. We achieved a 15.2 per cent reduction in shoulder and back injuries in 2014-15 over the previous year.

Better Teams through Coaching

The Saskatoon Health Region is building engagement through coaching skills development. Through coaching, employees are supported in developing a way forward through exploring possibilities and removing barriers. Saskatoon Health Region facilitated five workshops and practicums, coaching 116 leaders one on one.

The results from our workshops in 2014 report an increase in engagement, problem-solving and ownership for outcomes.